

**Labor Organization Officer
and Employee Report**

**U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards**



This report is mandatory under P.L. 86-327, as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 409,440.

Form approved - OMB No. 1216-0188
Expires 11-30-2008

015379

1. Name and address of person filing Irene Mata 1190 Durfee Avenue, Suite 200 S. El Monte, CA 91733		2. Name and address of labor organization Miscellaneous Warehousemen Drivers and Helpers Local 986 1190 Durfee Ave., Suite 200 S. El Monte, CA 91733
3. Position in labor organization Secretary	4. Date fiscal year ended 12/31/00	5. File number (if applicable) U-1708
6. Enter appropriate data below N, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests in foreign as specified in the questions set forth in the instructions:		
7. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer which employee your organization represents or is actively trying to represent.		
8. Nature of Employer Address of Employer		

9. Nature of Interest, Transaction or Income

1. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employee your labor organization represents or is actively trying to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

10. Name of business American Income Life Insurance Co. P. O. Box 2608, Waco, Texas 76797	Address of Business
11. Business deals with X A. Labor Organization <input type="checkbox"/> B. Trust <input type="checkbox"/> C. Employer	12. If 9B or 9C is checked give trust or employer's name N/A

13. Nature and approximate dollar value of such dealings Premium paid for AD&D Policy by insurance company 11/99 - 7/00 \$2.79
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14. Nature of interest held or income received Benefit of premium paid by insurance company; policy cancelled effective 7/31/00 by Local 986.
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15. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

16. Name and address of employer <input type="checkbox"/> or consultant <input type="checkbox"/>	17. Nature of payment
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If more space is needed attach additional sheets

18. Signature and verification—The undersigned personnel under the applicable provisions of the law, that all of the information in this report, including the representations incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct and complete.

Signed _____ At _____ S. El Monte CA _____
City _____ State _____ On _____ 8/21/00
Date _____ Form LM-30 (Rev. 7-88)